



Course Place & Date:

Course: Level I Course Level II Course

	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss
First name:			Family name:
Address:			
City & Post Code:			
Country:			
Telephone:		Fax:	
Mobile:		Date of birth:	
E-mail:			
Nationality:		NF of:	
Professional activity:			
Why would you like to do this course?			

1. TECHNICAL LEVEL AS A RIDER:

a. Disciplines practiced:

Jumping Dressage Eventing Vaulting Other:

b. Riding experience (years): _____

c. Riding experience (level) (*star + height for jumping; *star for eventing, Preliminary/ Elementary, Medium/ Advanced, PSG and up for dressage)

At International level:
 At National level:
 Others (pls specify): _____

d. Best personal result: _____

It is the responsibility of the NF of the applicant to ensure that this completed form is received by the FEI at least two weeks before the course commences.

Fédération Equestre Internationale, Avenue Mon Repos 24, CH-1005 Lausanne
 e-mail c.kunz@horsesport.org or fax +41 21 310 47 60

2. PRACTICE AS A COACH:

a. Disciplines coached:

- Jumping
- Dressage
- Eventing
- Vaulting
- Other:

b. Professional experience as a coach (nb of years):

c. Professional activity as a coach (club coach, national coach, freelance, etc.)

d. Number of pupils: _____

e. Highest level of competition of your best riders/pupils : (*star + height for jumping; *star for eventing; (Preliminary/Elementary, Medium/Advanced, PSG and up for dressage)

- At International level: _____
- At National level: _____
- Other; please specify: _____

f. Best result obtained with a pupil: _____

3. DIPLOMA/CERTIFICATE(S) OBTAINED

4. OTHER CERTIFICATES:

- First Aid
- Other (please list)

5. REFEREE

(National or else)

Your signature:

NF Signature:

Date:

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